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| (21) International Application Number: PCT/US99/19123 (22) International Filing Date: 24 August 1999 (24.08.1999) (30) Priority Data: 09/146,185 01 September 1998 (01.09.1998) US (60) Parent Application or Grant SENORX, INC. [/]; O. BURBANK, Fred, H. [/]; O. LUBOCK, Paul [/]; O. JONES, Michael, L. [/]; O. QUICK, Richard, L. [/]; O. STOUT, Donald, E. ; O. | Published | |
| (54) Title: SECURING SURGICAL INSTRUMENTS AT TARGET TISSUE SITES (54) Titre: FIXATION D'INSTRUMENTS CHIRURGICAUX A DES SITES TISSULAIRES VOULUS | | |
| (57) Abstract <p>Devices and methods are provided for securely affixing a medical instrument to desired tissue in a patient's body, using a fixation agent. Such medical instruments may comprise localization wires or tissue acquisition instruments, such as biopsy instruments, for example. In the case of tissue acquisition instruments, the inventors have discovered significant advantages for securely affixing the distal end of the tissue acquisition instrument to a particular tissue target area. For example, such an approach permits the imaging environment to be uncoupled from the procedural environment so that expensive and often unavailable imaging equipment, such as stereotactic imaging equipment, need not be used. In a preferred embodiment, a bonding agent, such as adhesive, surgical glue, or a solvent, is used as the fixation agent.</p> (57) Abrégé <p>L'invention concerne des dispositifs et procédés de fixation solide d'un instrument médical, au niveau d'un tissu voulu, dans le corps d'un patient, et ce au moyen d'un agent de fixation. Un tel instrument médical peut comporter des fils métalliques de localisation ou des appareils de prélèvement de tissus, comme par exemple des instruments de biopsie. En ce qui concerne les instruments de biopsie, les inventeurs ont découvert des avantages importants d'une fixation solide, sur une zone cible de tissus, de l'extrémité distale de l'appareil de prélèvement de tissus. Par exemple, une telle approche permet de désaccoupler l'environnement d'imagerie de l'environnement de procédure, de sorte qu'il n'est pas nécessaire d'utiliser un matériel d'imagerie cher et souvent indisponible, comme un matériel d'imagerie stéréotaxique. Dans un mode de réalisation préféré, on utilise un agent de fixation, tel qu'un adhésif, une colle chirurgicale ou un solvant, en tant qu'agent de fixation.</p> | | |

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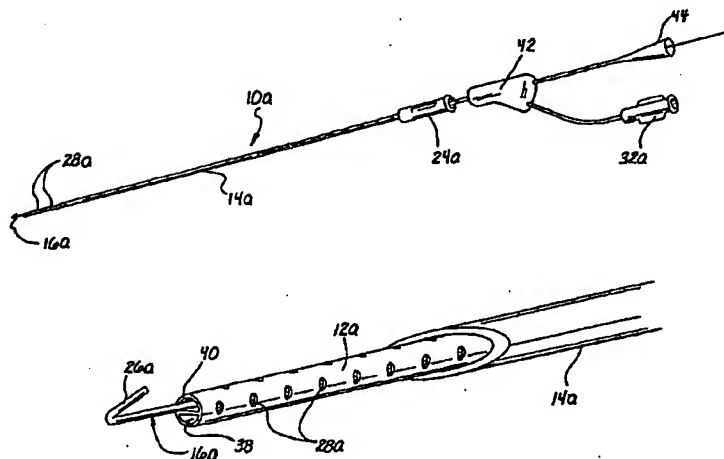
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| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>(21) International Application Number: PCT/US99/19123</p> <p>(22) International Filing Date: 24 August 1999 (24.08.99)</p> <p>(30) Priority Data: 09/146,185 1 September 1998 (01.09.98) US</p> <p>(71) Applicant: SENORX, INC. [US/US]; Suite 144, 13766 Alton Parkway, Irvine, CA 92618 (US).</p> <p>(72) Inventors: BURBANK, Fred, H.; 30982 Steeplechase Drive, San Juan Capistrano, CA 92675 (US). LUBOCK, Paul; 30 Bethany, Laguna Niguel, CA 92677 (US). JONES, Michael, L.; 34441 Camino el Molino, Capistrano Beach, CA 92624 (US). QUICK, Richard, L.; 32181 Fall River Road, Trabuco Canyon, CA 92679 (US).</p> <p>(74) Agent: STOUT, Donald, E.; Stout, Uxa, Buyan & Mullins, LLP, 4 Venture #300, Irvine, CA 92618 (US).</p> </div> <div style="width: 48%;"> <p>(81) Designated States: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZA, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).</p> <p>Published Without international search report and to be republished upon receipt of that report.</p> </div> </div> | | |

(54) Title: SECURING SURGICAL INSTRUMENTS AT TARGET TISSUE SITES



(57) Abstract

Devices and methods are provided for securely affixing a medical instrument to desired tissue in a patient's body, using a fixation agent. Such medical instruments may comprise localization wires or tissue acquisition instruments, such as biopsy instruments, for example. In the case of tissue acquisition instruments, the inventors have discovered significant advantages for securely affixing the distal end of the tissue acquisition instrument to a particular tissue target area. For example, such an approach permits the imaging environment to be uncoupled from the procedural environment so that expensive and often unavailable imaging equipment, such as stereotactic imaging equipment, need not be used. In a preferred embodiment, a bonding agent, such as adhesive, surgical glue, or a solvent, is used as the fixation agent.

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Description

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SECURING SURGICAL INSTRUMENTS AT TARGET TISSUE SITES**Field of the Invention**

The present invention relates to methods and devices for ensuring that a medical instrument remains in a desired location within a patient's body during a medical procedure, and more particularly to methods and devices for affixing a distal end of the medical instrument to the desired location using adhesives.

Background of the Invention

It is often desirable and frequently necessary to sample or remove a portion of tissue from humans and other animals, particularly in the diagnosis and treatment of patients with cancerous tumors, pre-malignant conditions, and other diseases or disorders.

5 Typically, in the case of cancer, particularly cancer of the breast, there is a great emphasis on early detection and diagnosis through the use of screening modalities, such as physical examination, and particularly mammography, which is capable of detecting very small abnormalities, often nonpalpable. When the physician establishes by means of a mammogram or other screening modality, 10 such as ultrasound, that suspicious circumstances exist, a biopsy must be performed to capture tissue for a definitive diagnosis as to whether the suspicious lesion is cancerous. Biopsy may be done by an open or percutaneous technique. Open biopsy is a surgical procedure using a scalpel and involving direct vision of the target area, for removing the entire mass (excisional biopsy) or a part of the 15 mass (incisional biopsy). Percutaneous biopsy, on the other hand, is usually done with a needle-like instrument through a relatively small incision, blindly or with the aid of an artificial imaging device, and may be either a fine needle aspiration

5 (FNA) or a core biopsy. In FNA biopsy, individual cells or clusters of cells are
obtained for cytologic examination and may be prepared such as in a
Papanicolaou smear. In core biopsy, as the term suggests, a core or fragment of
10 tissue is obtained for histologic examination which may be done via a frozen
5 section or paraffin section.

The type of biopsy utilized depends in large part on circumstances present
15 with respect to the patient, including the location of the lesion(s) within the body,
and no single procedure is ideal for all cases. However, core biopsy is extremely
useful in a number of conditions and is being used more frequently by the
10 medical profession.

20 When an open surgical biopsy procedure is indicated, current practice
dictates the use of lesion localization needles and devices, commonly referred to
as "localization wires", for use in localizing or marking non-palpable lesions and
25 tumors within the body. These devices generally comprise a hypodermic needle
or cannula which is inserted into the body under local anesthesia to the lesion or
15 tissue of interest. The wire marker, or localization wire, is then passed through
the cannula and extends through the lesion of interest so that the distal end
30 thereof is anchored beyond the lesion. Thus, the lesion is marked for subsequent
surgical procedures such as excision or biopsy. The anchoring procedure is
20 typically accomplished by means of mechanical structure disposed at the distal
end of the wire marker, such as a barb, hook, or the like, which is attached to
35 surrounding tissue. After marking the lesion with the wire marker, the cannula is
usually removed from the body, leaving the wire in place and extending from the
body, for subsequent use by the surgeon during the biopsy procedure in
40 25 identifying the lesion location. However, it often occurs that the barb or hook at
the distal end of the wire marker attaches to something other than the tumor or
lesion. For example, in the case of breast biopsies, the breast will typically be
45 placed in compression during the imaging procedure in order to properly identify
the location of the target lesion and place the localization wire. However, breast
30 tissue is comprised of fibrous bands which, in compression, may be close to the

5 target lesion and inadvertently engaged by the barb of the localization wire.
Later, when the breast is released from compression prior to the surgical
10 procedure, the fibrous bands will move away from the target lesion, and the distal
end of the localization wire may thus move a substantial distance away from the
5 target lesion.

It would be desirable, therefore, to develop a localization wire system and
15 method wherein the distal end of the localization wire could be positively
attached to the target lesion in order to minimize the possibility of migration of
the distal end of the localization wire away from the target lesion between the
10 imaging and surgical procedures.

20 In circumstances where a core biopsy procedure is indicated, various
systems are available. Such systems are shown, for example, in U.S. Patent No.
5,526,822 to Burbank et al, which discloses a probe having a laterally disposed
25 tissue receiving port at the distal end thereof for acquiring relatively small tissue
samples, and in U.S. Patent No. 5,111,828 to Kornberg et al., which discloses a
15 probe having an axially disposed tissue receiving port at the distal end thereof for
acquiring relatively large intact tissue samples. Both of these patents are
30 expressly incorporated by reference herein.

U.S. Application Serial No. 09/057,303 to Burbank et al., commonly
20 assigned with the present application and expressly incorporated by reference
herein, discloses still another core biopsy apparatus, which advantageously
35 permits the acquisition of tissue samples which are larger in diameter than the
diameter of the instrument lumen, thereby greatly increasing the chances of
completely removing the target lesion and leaving "clean" margins thereabout.

40 25 As in the case of localization wires, there is some risk in using any of the
foregoing devices that the distal end of the instrument will migrate away from the
target lesion during the biopsy procedure, thereby reducing the likelihood of
45 removing target tissue. Heretofore, in the case of core biopsy procedures, the risk
of this occurrence is minimized by employing image guidance techniques during
30 the entire tissue removal procedure. For example, in the case of the '822

5 Burbank et al. patent, a stereotactic imaging guidance system is typically utilized
during the disclosed procedure. One disadvantage of this approach, however, is
10 that the patient's breast must remain in compression during the entire procedure,
with attendant discomfort and increased procedural difficulty, in order to properly
5 utilize the imaging equipment. Furthermore, stereotactic imaging equipment or
other suitable alternatives can cost as much as \$400,000 or more and is not in the
15 usual inventory of a typical community hospital. It would therefore be quite
advantageous if a method and apparatus could be developed which would permit
the uncoupling of the imaging environment from the procedural environment
10 without undue risk that the active or cutting end of the core biopsy instrument
20 would migrate away from the target lesion during the interval between the
imaging procedure and the biopsy procedure.

25 Summary of the Invention

15 The present invention solves the problems outlined above by describing
devices and methods for securely affixing a localization wire to desired tissue in
30 a patient's body, so that after the patient is moved from the imaging environment
to the procedural environment, the practitioner will have assurance that the
20 localization wire is still accurately placed. Additionally, devices and methods are
described for ensuring that the distal end of a tissue acquisition instrument, such
35 as a biopsy instrument, is securely affixed to a particular target area, such as a
lesion, in a patient's body, thereby advantageously permitting the imaging
environment to be uncoupled from the procedural environment so that expensive
40 and often unavailable imaging equipment, such as stereotactic imaging
25 equipment, need not be used.

45 More particularly, in one aspect of the invention a medical device is
provided comprising a tube having a distal end, a proximal end, and a
longitudinal axis, wherein the device is adapted for placement of the distal end
30 thereof into a patient's body at a desired location. The medical device includes a

5 fixation agent, which may comprise any one of a bonding agent, a mechanical
fixation agent, or an electrosurgical coagulation element, disposed on the distal
10 end thereof, which is adapted for affixing the distal end of the medical device at
the desired location.

5 The medical device may comprise, for example, a localization wire for
use in connection with an open biopsy procedure. Alternatively, the device may
15 comprise a tissue acquisition instrument, such as a biopsy instrument. In the
preferred embodiment, the fixation agent is a bonding agent, comprising a
surgical adhesive, glue, or solvent.

10 In another aspect of the invention, a tissue acquisition instrument is
provided for retrieving body tissue, having a longitudinal axis and which
20 comprises a distal end adapted for entry into a patient's body, a cutting element
disposed on the instrument for cutting surrounding tissue, and structure disposed
on the distal end for securing the tissue acquisition instrument at a predetermined
25 desired location, in order to ensure that the tissue acquisition instrument remains
in place during a tissue acquisition procedure so that desired tissue is properly
acquired.

30 In yet another aspect of the invention, a method of performing a medical
procedure is provided, using a medical device comprising a tube having a distal
20 end, a proximal end, and a longitudinal axis. The method first comprises the step
of placing the distal end of the tube in a patient's body, so that the distal end is
35 disposed in a desired tissue location. Then, a bonding agent is dispensed for the
tube into tissue surrounding the distal end, so that the distal end of the tube
becomes affixed to the desired tissue location.

40 In still another aspect of the invention, a method is provided for
25 performing a tissue acquisition procedure using a tissue acquisition instrument
having a distal end, a proximal end, a longitudinal axis, and a cutting element. In
this method, the distal end of the instrument is placed into a patient's body, so
45 that the distal end is disposed in a desired tissue location. Then, the distal end of
the instrument is affixed to the desired tissue location, so that the instrument does
30

5 not move relative to the desired tissue location during the tissue acquisition procedure. The cutting element is then actuated to acquire one or more tissue samples.

10 The invention, together with additional features and advantages thereof, may best be understood by reference to the following description taken in conjunction with the accompanying illustrative drawing.

15 **Brief Description of the Drawing**

20 Fig. 1 is a schematic plan view of a first embodiment of the present invention, illustrating a catheter for a localization wire introduction and infusion system wherein an introducer needle for introducing the localization wire into a patient's body remains in place during securement of the localization wire to surrounding tissue using a bonding agent;

25 Fig. 2 is a schematic plan view of the introducer needle used in conjunction with the catheter of Fig. 1;

30 Fig. 3 is a schematic plan view of one embodiment of a localization wire which may be used in conjunction with the infusion system shown in Figs. 1 and 2;

35 Fig. 3a is a perspective view of the distal end of the embodiment shown in Figs. 1-3, wherein the introducer needle is inserted through the lumen of the catheter;

40 Fig. 3b is a perspective view of the distal end of the embodiment shown in Figs. 1-3, wherein the introducer needle is inserted through the lumen of the catheter, and its position within the catheter lumen is shown in phantom for illustrative purposes;

5 Fig. 3c is a perspective view similar to Fig. 3a, wherein the localization wire is inserted through the lumen of the catheter;

10 Fig. 4 is a perspective view of a second embodiment of the present invention, illustrating a second embodiment of a localization wire introduction and infusion system, wherein an introducer needle for introducing the
5 localization wire into a patient's body is removed during securement of the
15 localization wire to surrounding tissue using a bonding agent;

10 Fig. 5 is schematic plan view of the catheter for the system illustrated in Fig. 4;
20

25 Fig. 6 is a schematic plan view of the introducer needle for the system illustrated in Figs. 4 and 5;

15 Fig. 6a is a perspective view of the distal end of the embodiment shown in Figs. 4-6, wherein the localization wire is inserted through a lumen of the
30 catheter;

20 Fig. 7 is a schematic plan view of a second embodiment of a localization wire which may be utilized in conjunction with either of the embodiments of
35 Figs. 1-3 or 4-6;

40 Fig. 8 is a schematic view in isolation illustrating one embodiment of the present invention for storing and releasing a bonding agent which is dispensed
25 from a medical instrument for affixing the medical instrument to surrounding tissue in a patient's body;

45 Fig. 9 is a perspective view of a third embodiment of the present invention, illustrating a catheter which may be used as a localization wire and
30

5 infusion system;

10 Fig. 10 is an enlarged perspective view of the distal end of the cannula
illustrated in Fig. 9, showing in greater detail the perforations in the distal end for
5 infusing a bonding agent to surrounding tissue;

15 Fig. 11 is a perspective view of a modified version of the embodiment
shown in Figs. 9 and 10, wherein the cannula is comprised of a braided polymer
tubing and the interstices between the braids function as the infusion openings for
10 infusing bonding agent to surrounding tissue;

20 Fig. 12 is a perspective view of another modified version of the
embodiment shown in Figs. 9 and 10, wherein the cannula is comprised of a coil
25 and the interstices between expanded coils function as the infusion openings for
15 infusing bonding agent to surrounding tissue;

30 Fig. 13 is a perspective view of a biopsy instrument constructed in
accordance with the principles of the present invention;

20 Fig. 14 is a perspective view of a second modified embodiment of a
35 biopsy instrument having an expandable Mallicot structure at its distal end for
anchoring the instrument at a particular tissue site;

40 Fig. 15 is a perspective view of a third modified embodiment of a biopsy
25 instrument having a modified expandable Mallicot structure at its distal end for
anchoring the instrument at a particular tissue site;

45 Fig. 16 is a perspective view of a fourth modified embodiment of a biopsy
instrument having an expandable linkage structure at its distal end for anchoring
30 the instrument at a particular tissue site, wherein the linkage structure is shown in

5 its retracted position;

10 Fig. 17 is a perspective view of the embodiment shown in Fig. 16,
wherein the linkage structure is shown in its expanded position;

5 Fig. 18 is a perspective view of a fourth modified embodiment of a biopsy
15 instrument having an extendable "bottle brush" structure at its distal end for
anchoring the instrument at a particular tissue site;

10 Fig. 19 is a perspective view of a fifth modified embodiment of a biopsy
20 instrument having a nitinol flap structure at its distal end, expandable upon
retraction of a surrounding sleeve, for anchoring the instrument at a particular
tissue site;

25 Fig. 20 is a perspective view of a sixth modified embodiment of a biopsy
15 instrument having a rolled stent structure at its distal end which unrolls upon
retraction of a surrounding sleeve, for anchoring the instrument at a particular
30 tissue site;

20 Fig. 21 is a perspective view of a seventh modified embodiment of a
35 biopsy instrument having expandable spiral wires at its distal end for anchoring
the instrument at a particular tissue site; and

40 Fig. 22 is a perspective view of an eighth modified embodiment of a
25 biopsy instrument having an expandable basket at its distal end for anchoring the
instrument at a particular tissue site.

45 **Detailed Description of the Invention**

30 Referring now more particularly to the drawings, Figs. 1-3c illustrate a

5 first embodiment of the invention, wherein a medical instrument 10 (Figs. 3a-3c)
comprises a catheter 12 (Figs. 1, 3a-3c), an introducer needle 14 (Figs. 2, 3a, and
10 3b), and a localization wire 16 (Figs. 3, 3c). In this embodiment, which may be
5 styled as a "needle in" infusion system, the introducer needle 14 comprises a
sharp distal end 18, which is inserted through an entry hole 20 in the catheter 12
(Fig. 1), so that its tip 18 extends beyond the distal end 22 of the catheter 12, as
15 shown in Figs. 3a and 3b. The introducer needle 14 may include a stop 24 having
an enlarged diameter, which is adapted to engage the distally tapering inner
sidewall of the catheter 12 at a predetermined point, as generally shown
10 particularly in Fig. 3b, to ensure that the tip 18 properly extends beyond the distal
end 22 of the catheter 12. The introducer needle 14 and catheter 12 together are
20 then introduced into a patient's body (not shown), using known imaging
techniques for guiding localization wires to the site of tissue to be excised
25 ("target tissue").

15 Once the catheter 12 and introducer needle 14 are in position relative to
the target tissue, the introducer needle 14 is removed proximally from the
catheter 12, and the localization wire 16 is inserted distally through the entry hole
30 20 and pushed distally through the lumen in the catheter 12, so that the distal end
of the localization wire 16 extends distally of the distal end of the introducer
20 needle and catheter, as shown in Fig. 3b. Indicator marks 25 preferably assist the
practitioner in ensuring that the localization wire is properly inserted to the
35 required depth.

40 Localization wires such as the wire 16 typically include some type of
mechanical anchoring means, such as a barb or hook 26, for securing the distal
25 end of the localization wire 16 in position behind the target tissue. However, this
approach is often inadequate, as discussed supra in the Background portion of the
specification, because the tissue to which the hook 26 becomes attached will
45 often shift relative to the target tissue between the imaging step of the medical
procedure, which is usually a biopsy, such as a breast biopsy, and the ensuing
30 surgical step, which usually takes place in a different area of the hospital and

5 requires transportation and resultant jostling of the patient from the radiology
department to the operating room. The present invention, therefore, contemplates
an advantageous additional step of employing a bonding agent, which may
10 comprise any known material which is capable of creating a bond between the
5 distal end of the medical instrument 10 and surrounding tissue. Once the
localization wire is properly placed at the desired target tissue site, under imaging
guidance, the bonding agent is dispensed from the distal end of the medical
15 instrument to the surrounding tissue to create the desired bond. In the
embodiment of Figs. 1-3a, a plurality of infusion ports 28 are disposed along the
10 length of the distal end of the catheter 12. Any number of infusion ports (one or
more) may be employed in order to optimize the flow of bonding agent to the
tissue, and they are preferably staggered circumferentially about the catheter in
order to evenly deliver bonding agent about the circumference of the instrument
20 10. Various delivery means may be employed as well. For example, in the
25 illustrated embodiment, the catheter 12 comprises a proximal hub 30 (Fig. 1),
including a stopcock 32 which is engageable with a syringe (not shown)
containing the bonding agent. When the localization wire is properly positioned,
30 the practitioner injects the bonding agent into the lumen (not shown) of the
catheter using the syringe with sufficient pressure that it flows distally through
20 the lumen and is infused into surrounding body tissue through the infusion ports
35 28. The resultant bonding of the distal end of the localization wire 16 to the
surrounding target tissue ensures with much greater certainty than the use of
mechanical attachment means alone, such as the hook 26, that the localization
wire will be properly positioned when the surgical procedure commences,
40 25 thereby improving the likelihood that the proper target tissue will be excised with
a minimum incision and resultant trauma to the patient.

Preferred bonding agents include any known effective biocompatible
45 bonding materials, such as surgical adhesives, including cyanoacrylate, fibrin
glue, and solvents.

30 An alternative to injection of the bonding agent through the lumen of the

5 medical instrument 10 is illustrated in Fig. 8. The bonding agent 33 may be
stored in a rupturable container 34 which is disposed in the distal end of the
10 medical instrument 10, adjacent to the infusion ports 28. When it is desired to
release the bonding agent 33 through the infusion ports, a puncturing device 36
5 may be actuated by the practitioner to rupture the container 34. In the illustrated
embodiment, the device 36 comprises a simple "spear" which is actuated distally
15 to rupture the container, but it may alternatively comprise any suitable
configuration for functioning equivalently. Additionally, it is within the scope of
the invention to employ a chamber for containing the bonding agent which
10 includes a valved port, wherein the valve is actuated to an open position by the
practitioner to release the bonding agent. Various other embodiments for
20 accomplishing this function, as would be known to one of ordinary skill in the
art, are deemed to fall within the scope of the invention as well.

25 Once the localization wire is securely bonded to the surrounding tissue,
15 the practitioner may withdraw the catheter and introducer needle assembly,
leaving the localization wire in place to mark the target tissue for the ensuing
surgical step in the biopsy or other medical procedure.

30 Figs. 4-7 illustrate a second "localization wire" embodiment, wherein like
elements to those shown in the first embodiment are designated by like reference
20 numerals, succeeded by the letter "a". This system may be styled as a "needle
out" infusion system. In this embodiment, the catheter 12a comprises a dual
35 lumen extrusion, including first and second lumens 38 and 40, respectively (Fig.
6a). The first lumen 38 accommodates the bonding agent, while the second
lumen accommodates the localization wire. The catheter 12a further includes a
40 dual lumen proximal hub 42, which comprises a localization wire entry port 44
25 and a stopcock 32a.

45 In operation, the introducer needle 14 a is disposed coaxially outside of
the catheter 12a, as illustrated in Fig. 4, and the instrument 10a is inserted into
the patient's body in known fashion, under conventional imaging guidance. The
30 localization wire 16a is inserted distally through the port 44, either before or after

5 introduction of the instrument 10a into the patient's body. As in the first
embodiment, once the instrument 10a is placed, the localization wire 16a is
10 advanced distally until the indicator marks 25a indicate to the practitioner that the
distal hook 26a is distal of the distal end of the catheter 12a and of the target
5 lesion, as shown by the imaging equipment. The localization wires of Figs. 3 and
7 may be used interchangeably in either of the two disclosed embodiments, and
15 are substantially identical except that the localization wire 16a includes filaments
46 near its distal end which provide additional surface area for bonding.

As in the previous embodiment, once the localization wire is in the proper
10 position, bonding agent is injected into the catheter 12a, preferably using a
syringe which is engaged with the stopcock 32a, so that the bonding agent flows
20 distally through the first lumen 38 and is infused through the infusion ports 28a.
Again, the infusion ports may be disposed about the catheter, in rows offset by 90
25 degrees with respect to one another, or otherwise staggered so that the bonding
agent is evenly disposed about the catheter. Alternatively, as in the previous
15 embodiment, the bonding agent may be stored in the distal end of the instrument
10a using an apparatus like that illustrated in Fig. 8. It is within the scope of this
30 invention, as well, to store or inject two or more bonding agent compounds,
comprising a reactant and a catalyst, at the injection site, and to mix the reactant
20 and catalyst together at the appropriate time to catalyze a bonding agent.

35 Once the bonding agent has been injected, but before it has solidified, the
catheter 12a and introducer needle 14a are withdrawn from the patient's body,
leaving the localization wire in place.

40 Still a third embodiment, which functions in a manner equivalent to that
25 of a localization wire, is illustrated in Figs. 9 and 10. In this embodiment, a
catheter 48, which comprises a proximal hub 50, a distal end 52, and a lumen 54,
is insertable into a patient's body using conventional image guidance techniques,
45 so that the distal end 52 is disposed at a desired target tissue site. Once properly
located, a bonding agent 33 is infused through one or more infusion ports 56 to
30 surrounding target tissue, in order to bond the distal end of the catheter 48 to the

5 surrounding tissue. Again, as in the previous embodiments, the bonding agent
may be injected into the lumen 54 of the catheter through the proximal hub 50, or
10 may alternatively be stored in the distal end 52 of the catheter and selectively
released at the desired time.

5 Figs. 11 and 12 illustrate two alternative embodiments for the outer tube
58 of the catheter in any of the foregoing embodiments. In Fig. 11, the tube 58
15 comprises a stainless steel braid, the proximal end 60 of which is encapsulated by
a polymer, such as polyamide, and the distal end 62 of which is exposed. The
exposed distal end is preferably approximately 1-2 centimeter (cm) in length,
10 though it may be longer or shorter if desired. In operation, interstices 64 between
bands 66 of the exposed braided portion 62 function as openings for permitting
20 infusion of bonding agent to surrounding tissue, instead of the infusion ports
disclosed in the preceding embodiments. If the exposed braided portion is
expanded, the interstices will be enlarged and will permit the flow of more
25 bonding agent therethrough.

In a manner in some respects similar to the embodiment of Fig. 11, the
30 Fig. 12 embodiment comprises an outer tube 58 having a sleeve 68 surrounding a
coil 70 of suitable material. In the distal end of the tube 58, the coil 70 may be
stretched to create interstices 72 between bands 74 of the coil. Bonding material
20 may be infused, as desired, outwardly through the interstices 72 of the expanded
coil, and then through holes 76 in the sleeve 68 to surrounding tissue.
35 Alternatively, the sleeve could be retracted to expose the coil, in which case the
sleeve holes 76 would be unnecessary.

40 Fig. 13 illustrates the distal end of a medical instrument 78 which is
25 shown and described in co-pending application Serial No. 09/057,303, commonly
assigned with the present application and expressly incorporated by reference
herein. The instrument 78 comprises a tissue acquisition or biopsy instrument
45 and preferably includes a tip 80 having an electrosurgical element 82 for entering
tissue, and a shaft 84, on which is disposed a radially extendable and retractable
30 cutting element or wire 86. The cutting element 86 is preferably energized by RF

5 energy provided by an electrosurgical generator.

10 In operation, the instrument 78 is moved axially to a position wherein the distal tip 80 is preferably distal to a target lesion or tissue to be removed, using a suitable imaging technique. In the prior art, such imaging techniques for biopsy
5 procedures and the like typically include the use of a stereotactic or sonographic imaging system, both of which are relatively expensive and not always available in an average community hospital. This approach is designed to combine the
15 imaging and cutting steps so that both occur simultaneously. For example, in the case of a breast biopsy procedure, the breast is clamped in order to effectively
10 utilize the imaging equipment, after which the instrument is inserted into the breast under imaging guidance to the lesion location. Then, under continued
20 imaging guidance, the cutting element is actuated and the target tissue removed.

25 However, an important advantage of the present invention is the ability to “uncouple” the imaging environment from the procedural environment in a
15 typical surgical or biopsy procedure, and the resultant important ability to utilize unmodified mammography equipment, readily available in most hospitals, to position the distal end of the instrument during the imaging step, rather than
30 expensive and specialized stereotactic equipment. Then, the procedural step may occur later, in another area of the hospital. In the case of breast biopsies, this
20 “uncoupling” also permits the patient’s breast to be unclamped for the procedural step, resulting in increased patient comfort and easier working conditions for the
35 practitioner.

40 These advantages are made possible because the inventive apparatus and technique permits the securement of the distal end of the instrument to the target
25 tissue or lesion with sufficient confidence that the patient may be moved to the procedural environment without fear of having it slip away from the target tissue. This securement is accomplished using a fixation agent, which preferably
45 comprises a bonding agent like that disclosed in connection with the foregoing localization wire and catheter embodiments. In a manner similar to those
30 embodiments, once the instrument is positioned in a desired position, the bonding

5 agent is injected into a lumen of the instrument, or, alternatively, in a manner like
that described supra, released from a container or chamber in the distal end of the
instrument, so that it may be infused from one or more infusion ports 88 disposed
10 on the distal end of the instrument. Preferably, the ports 88 are disposed on a
bushing or sleeve 90 which has a linear slot 92 for permitting passage of the
5 cutting element 86 as it is extended and retracted radially, and which is rotatable
relative to the shaft 84. Thus, when the bonding agent is infused to the
15 surrounding tissue, so that the bushing 90 is affixed in place relative to the
surrounding tissue, the cutting element 86 will still be rotatable on the underlying
10 shaft 84 in order to permit circumferential cutting of tissue, as desired, during the
later procedural step. Suitable care is taken that only a sufficient amount of
20 bonding agent is dispensed to bond the bushing to surrounding tissue, and not the
shaft or tip of the instrument, in order that the shaft and tip continue to be
25 rotatable relative to the bushing.

15 Of course, the bushing 90 may be constructed in number of alternative
ways, as will be apparent to those of ordinary skill in the art. For example, as
shown in Figs. 11 and 12, the bushing could be comprised of a braided or coil
30 material, so that interstices between braids or coils thereof could function as the
infusion openings.

20 Rather than using a bonding agent, a mechanical fixation agent may be
utilized to secure the distal end of the instrument to surrounding tissue. For
35 example, Fig. 14 illustrates an alternative embodiment to that of Fig. 13, wherein
a mechanical fixation structure 94 is utilized to secure the distal end of the
instrument to surrounding tissue, rather than a bonding agent. In this
40 embodiment, wherein like elements to those of Fig. 13 are designated by like
reference numerals, succeeded by the letter "b", the mechanical fixation structure
25 94 comprises an expandable Mallicot structure, having a rotatable bushing 90b
and a plurality of expandable bands 96. Actuating pushrods 98, of which there
45 are preferably four, arranged circumferentially 90 degrees apart, are provided to
30 actuate the bands 96 between their expanded positions (as shown), in which they

are positioned to anchor the distal tip 80b to the desired tissue site, and their retracted positions.

Fig. 15 illustrates another modified embodiment which is similar to that of Fig. 14, and wherein like elements to those of Fig. 14 are designated by like reference numerals, succeeded by the letter "c". The only difference between this embodiment and the Fig. 14 embodiment is that the bands 96c are split at their centers, to form protruding portions 100, for the purpose of permitting further radial extension of each band and to also permit the protruding portions 100 to attach themselves to adjacent tissue.

Figs. 16 and 17 schematically illustrate still another modified mechanical fixation structure 94d, comprising a linkage, which may be substituted for the structures 94 and 94c of Figs. 14 and 15, respectively, wherein Fig. 16 illustrates the linkage in its retracted configuration and Fig. 17 illustrates it in its radially expanded configuration.

Fig. 18 schematically illustrates yet another modified mechanical fixation structure 94e, comprised of a plurality of radially retractable and extendable wires 102.

Fig. 19 schematically illustrates still another modified mechanical fixation structure 94f, of the bone anchor type, comprised of a nitinol tube 104 and radially expandable flaps 106.

In Fig. 20, there is shown another modified mechanical fixation structure 94g, comprised of a rolled stent which may be unrolled to expand radially and provide an anchoring function by axially retracting a sleeve 108.

Fig. 21 shows still another modified mechanical fixation structure 94h comprised of a plurality of extendable wires 110.

Fig. 22 illustrates a modified mechanical fixation structure 94i which comprises a radially expandable and retractable basket.

Any of the foregoing mechanical fixation structures may be interchangeably employed in the embodiments of Figs. 14 and 15, and it is within the scope of this invention to also employ other mechanical fixation structures

5 which are known conventionally for anchoring medical devices in the body.

Still another means for bonding the distal end of the instrument 78 to
surrounding tissue, which is within the scope of the present invention, is to apply
10 RF energy to the tissue, using an electrosurgical coagulation element. The
5 electrosurgical coagulation element may comprise one of the existing
electrosurgical elements 82 or 86, or preferably another coagulation element 112
(Fig. 13) which may be disposed on or near the bushing 90. Activation of the
15 coagulation element 112 for a short interval coagulates the tissue surrounding the
tissue, thereby bonding the bushing to the tissue. Alternatively, the element 112
10 could comprise a heating rod for cauterizing tissue, similar to the function of a
branding iron, to produce the same type of bonding effect by "sticking" the
20 cauterized tissue to the distal end of the instrument.

This approach may also be utilized in the localization wire embodiments
illustrated in Figs. 1-12, by employing an electrosurgical coagulation element on
25 the distal end thereof, which is connected to a suitable electrosurgical generator,
15 or, alternatively, by employing an electrical heating element for cauterizing
tissue.

30 While this invention has been described with respect to various specific
examples and embodiments, it is to be understood that the invention is not
20 limited thereto and that it can be variously practiced within the scope of the
following claims.
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Claims

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What is Claimed is:

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1. A medical device comprising a tube having a distal end, a proximal end, and a longitudinal axis, the device being adapted for placement of said distal end into a patient's body at a desired location, said medical device having a fixation agent disposed on said distal end, the fixation agent being adapted for affixing the distal end of said medical device at said desired location.

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2. The medical device as recited in Claim 1, wherein said device comprises a localization wire.

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3. The medical device as recited in Claim 1, wherein said fixation agent comprises a bonding agent, and said device further comprising at least one opening for dispensing said bonding agent into the patient's body.

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4. The medical device as recited in Claim 3, wherein said bonding agent comprises a surgical adhesive.

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5. The medical device as recited in Claim 4, wherein said surgical adhesive comprises a cyanoacrylate.

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6. The medical device as recited in Claim 3, wherein said bonding agent comprises a fibrin glue.

7. The medical device as recited in Claim 3, wherein said bonding agent comprises a solvent.

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8. The medical device as recited in Claim 2, wherein said medical device comprises a catheter, the catheter having a lumen through which said localization wire is introduced into the patient's body.

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5 9. The medical device as recited in Claim 8, wherein said fixation
agent comprises a bonding agent, and said catheter has a second lumen which
10 accommodates said bonding agent.

10 10. The medical device as recited in Claim 3, wherein said tube
comprises a braided outer wall, the braided outer wall having an interstice which
15 comprises said at least one opening for dispensing said bonding agent.

15 11. The medical device as recited in Claim 3, wherein said tube
comprises an outer wall formed from a coil of material, said coil being utilized to
20 create an interstice which comprises said at least one opening for dispensing said
bonding agent.

20 12. The medical device as recited in Claim 3, wherein said medical
device comprises a surgical instrument.
25

25 13. The medical device as recited in Claim 12, wherein said surgical
instrument comprises a tissue acquisition device having a longitudinal axis about
30 which said device is rotatable and comprises:

30 a cutting element disposed on said tube for cutting surrounding tissue; and
35 a bushing disposed on said tube which is rotatable relative to said tube;
5 wherein the bonding agent dispensed through said at least one opening
affixes said bushing to surrounding tissue, so that the instrument is secured in a
40 desired location without preventing rotational movement thereof.

40 14. The medical device as recited in Claim 1, wherein said fixation
agent comprises a mechanical fixation agent, which is actuatable to extend
45 outwardly into tissue surrounding the distal end of said device to engage said
tissue and to thereby anchor the distal end of the device at said desired location.

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15. The medical device as recited in Claim 14, wherein said mechanical fixation agent comprises a Mallicot structure.

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16. The medical device as recited in Claim 14, wherein said mechanical fixation agent comprises a hinged linkage.

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17. The medical device as recited in Claim 14, wherein said mechanical fixation agent comprises a plurality of radially extendable and retractable wires.

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18. The medical device as recited in Claim 14, wherein said mechanical fixation agent comprises a tube and a plurality of radially expandable flaps extending from said tube.

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19. The medical device as recited in Claim 14, wherein said mechanical fixation agent comprises a rolled stent and an axially movable sleeve, wherein when said sleeve is moved proximally the stent is exposed and unrolls to engage surrounding tissue and affix the distal end of the medical device.

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20. The medical device as recited in Claim 14, wherein said mechanical fixation agent comprises a radially expandable and retractable basket.

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21. The medical device as recited in Claim 1, wherein said fixation agent comprises an electrosurgical element disposed on the tube distal end, which coagulates tissue surrounding the tube distal end and thereby causes said tissue to be affixed to the tube distal end.

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22. The medical device as recited in Claim 1, wherein said fixation agent comprises an electrical heating element disposed on the tube distal end, which cauterizes tissue surrounding the tube distal end and thereby causes said

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5 tissue to be affixed to the tube distal end.

10 23. A tissue acquisition instrument for retrieving body tissue, having a longitudinal axis and comprising:

a distal end adapted for entry into a patient's body;

15 5 a cutting element disposed on said instrument for cutting surrounding tissue; and

20 structure disposed on said distal end for securing said tissue acquisition instrument at a predetermined desired location, in order to ensure that the tissue acquisition instrument remains in place during a tissue acquisition procedure so that desired tissue is properly acquired.

25 24. The tissue acquisition instrument as recited in Claim 23, wherein said structure comprises a lumen containing a bonding agent and at least one opening disposed at said distal end for dispensing said bonding agent to surrounding tissue.

30 25. The tissue acquisition instrument as recited in Claim 24, wherein said instrument is rotatable about said longitudinal axis, said instrument further comprising:

35 5 a bushing disposed on said instrument which is rotatable relative to said instrument;

40 wherein the bonding agent dispensed through said at least one opening affixes said bushing to said surrounding tissue, so that the instrument is secured in a desired location without preventing rotational movement thereof.

45 26. The tissue acquisition instrument as recited in Claim 24, wherein said bonding agent comprises a surgical adhesive.

50 27. The tissue acquisition instrument as recited in Claim 26, wherein

5 said surgical adhesive comprises a cyanoacrylate.

10 28. The tissue acquisition instrument as recited in Claim 24, wherein
said bonding agent comprises a fibrin glue.

15 29. The tissue acquisition as recited in Claim 24, wherein said
bonding agent comprises a solvent.

20 30. The tissue acquisition instrument as recited in Claim 23, wherein
said structure comprises mechanical attachment structure extendable outwardly
into said surrounding tissue.

25 31. The tissue acquisition instrument as recited in Claim 30, wherein
said mechanical fixation agent comprises a Mallicot structure.

30 32. The tissue acquisition instrument as recited in Claim 31, wherein
said mechanical fixation agent comprises a hinged linkage.

35 33. The tissue acquisition instrument as recited in Claim 31, wherein
said mechanical fixation agent comprises a plurality of radially extendable and
retractable wires.

40 34. The tissue acquisition instrument as recited in Claim 31, wherein
said mechanical fixation agent comprises a tube and a plurality of radially
expandable flaps extending from said tube.

45 35. The tissue acquisition instrument as recited in Claim 31, wherein
said mechanical fixation agent comprises a rolled stent and an axially movable
sleeve, wherein when said sleeve is moved proximally the stent is exposed and
unrolls to engage said surrounding tissue and affix the distal end of the medical

5 device.

10 36. The tissue acquisition instrument as recited in Claim 31, wherein said mechanical fixation agent comprises a radially expandable and retractable basket.

15 37. The tissue acquisition instrument as recited in Claim 23, wherein said instrument comprises a biopsy instrument.

20 38. The tissue acquisition instrument as recited in Claim 23, wherein said structure comprises an electrosurgical cutting element.

25 39. The tissue acquisition instrument as recited in Claim 23, wherein said instrument is rotatable about said longitudinal axis, said instrument further comprising:

5 a bushing disposed on said instrument which is rotatable relative to said instrument;

30 wherein said structure comprises an electrosurgical element disposed on said bushing, wherein when said electrosurgical element is energized, the surrounding tissue is coagulated and bonds to said bushing, so that the instrument is secured in a desired location without preventing rotational movement thereof.

10 40. The tissue acquisition instrument as recited in Claim 24, wherein said instrument is rotatable about said longitudinal axis, said instrument further comprising:

40 15 a bushing disposed on said instrument which is rotatable relative to said instrument;

45 wherein said structure comprises an electrical heating element disposed on said bushing, wherein when said electrical heating element is energized, the surrounding tissue is cauterized and bonds to said bushing, so that the instrument

5 is secured in a desired location without preventing rotational movement thereof.

10 41. A method of performing a medical procedure using a medical device comprising a tube having a distal end, a proximal end, and a longitudinal axis, the method comprising the steps of:

- 15 a) placing the distal end of the tube in a patient's body, so that the
5 distal end is disposed in a desired tissue location; and
b) dispensing a bonding agent from said tube into tissue surrounding
said distal end, so that the distal end of the tube becomes affixed to said desired
20 tissue location.

25 42. A method for performing a tissue acquisition procedure using a tissue acquisition instrument having a distal end, a proximal end, a longitudinal axis, and a cutting element, the method comprising the steps of:

- 30 a) placing the distal end of the instrument in a patient's body, so that
5 the distal end is disposed in a desired tissue location;
b) affixing the distal end of the instrument to said desired tissue
location, so that the instrument does not move relative to the desired tissue
location during the tissue acquisition procedure; and
35 c) actuating the cutting element to acquire one or more tissue
10 samples.

40 43. The method as recited in Claim 42, wherein the step of affixing the distal end of the instrument is performed by dispensing a bonding agent from said distal end into surrounding tissue.

45 44. The method as recited in Claim 42, wherein the step of affixing the distal end of the instrument is performed by actuating a mechanical element to extend from said distal end and attach itself to surrounding tissue.

5

45. The method as recited in Claim 42, wherein the step of affixing the distal end of the instrument is performed by activating an electrosurgical element and operating it to coagulate tissue surrounding the distal end of the instrument, to an extent that the tissue bonds to the instrument distal end.

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46. The method as recited in Claim 42, wherein the step of affixing the distal end of the instrument is performed by activating an electrical heating element and operating it to cauterize tissue surrounding the distal end of the instrument, to an extent that the tissue bonds to the instrument distal end.

20

47. The method as recited in Claim 42, wherein the tissue acquisition procedure is a biopsy procedure.

25

48. The method as recited in Claim 42, wherein the patient is transported from one location to another between steps b) and c).

30

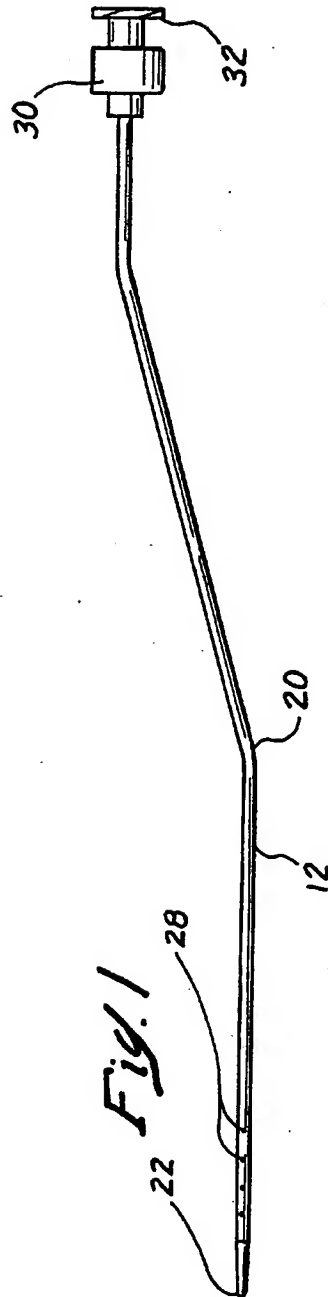
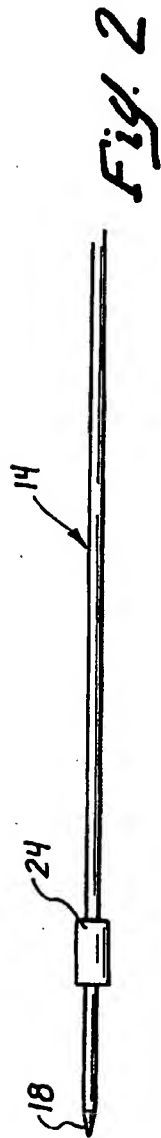
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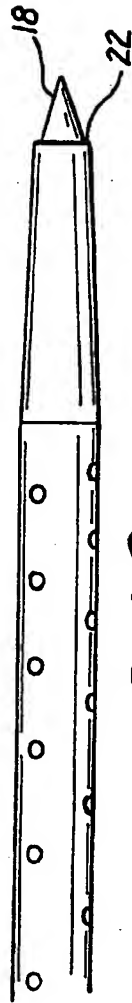


Fig. 3a

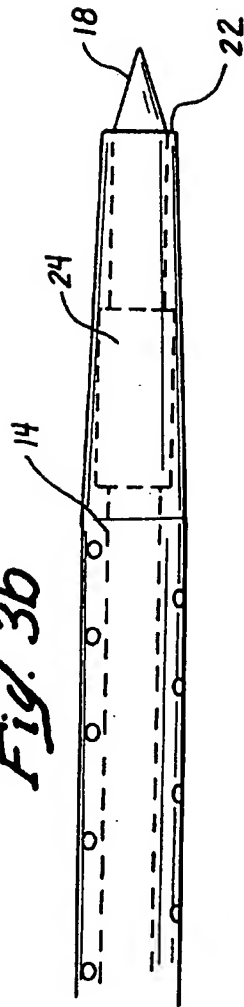


Fig. 3b

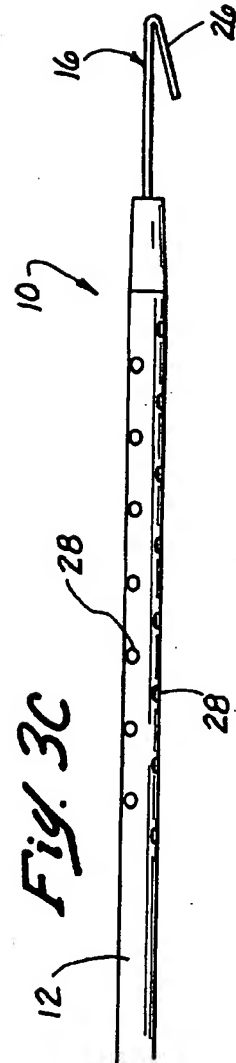
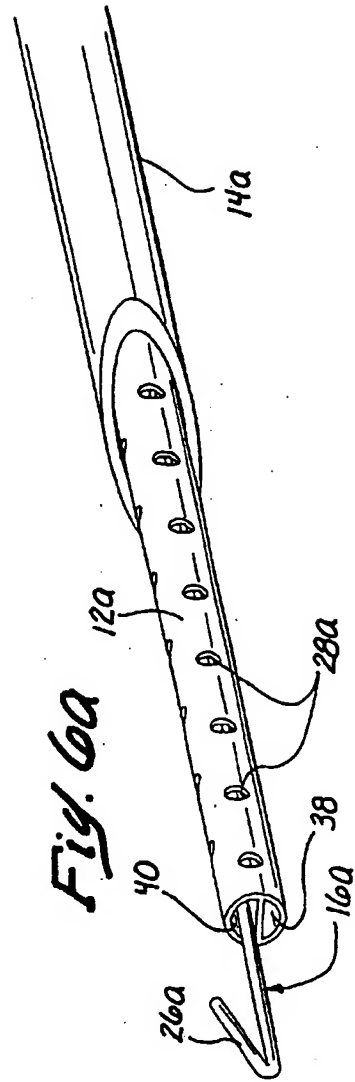
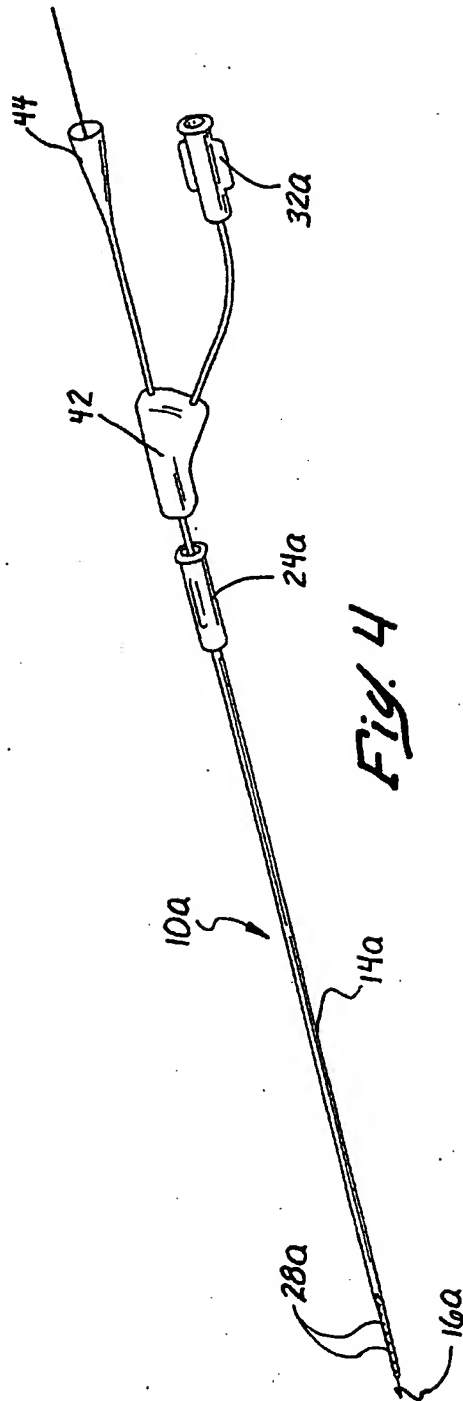
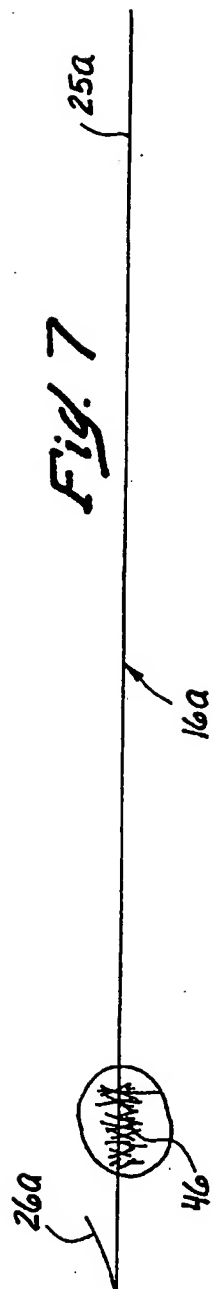
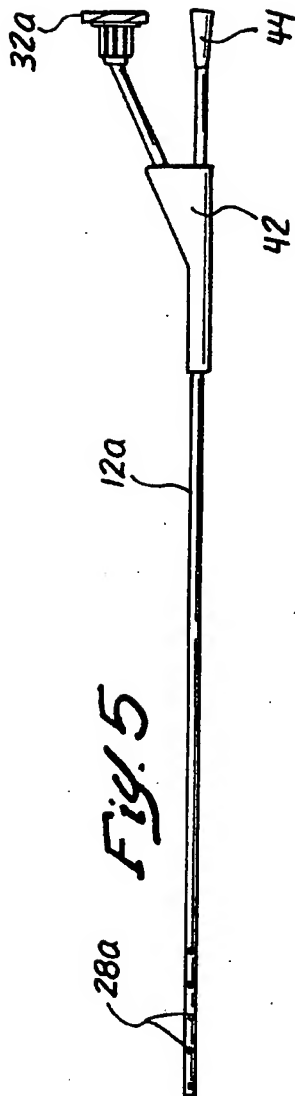
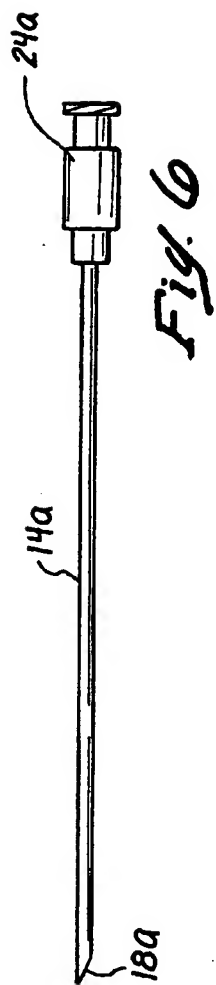
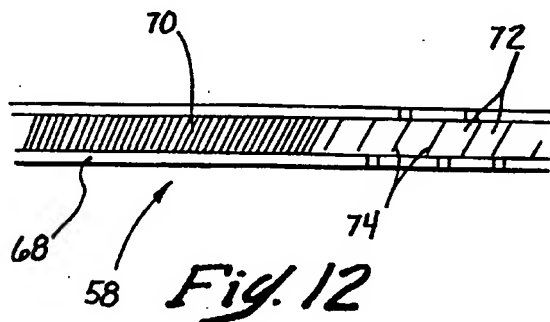
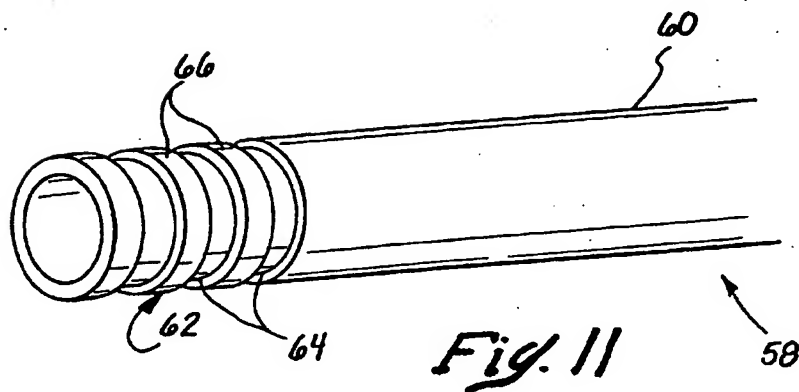
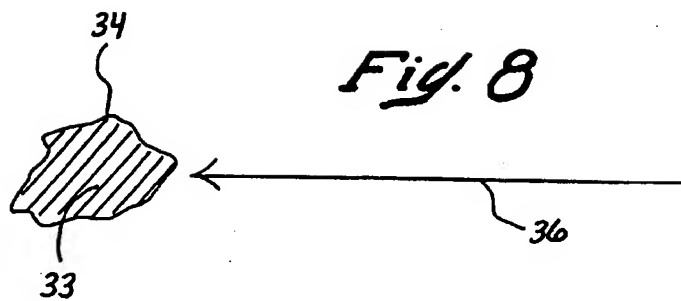
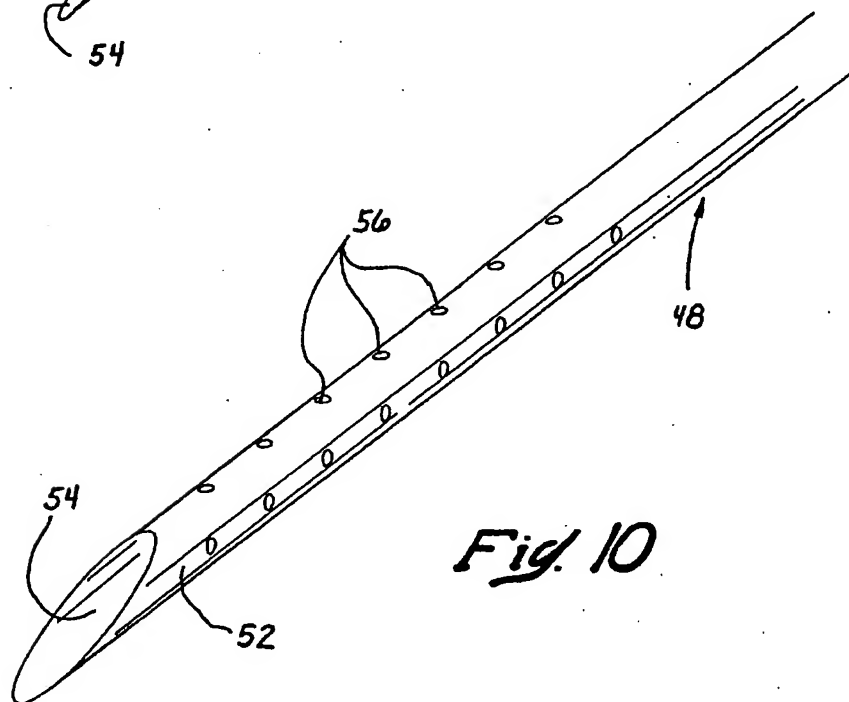
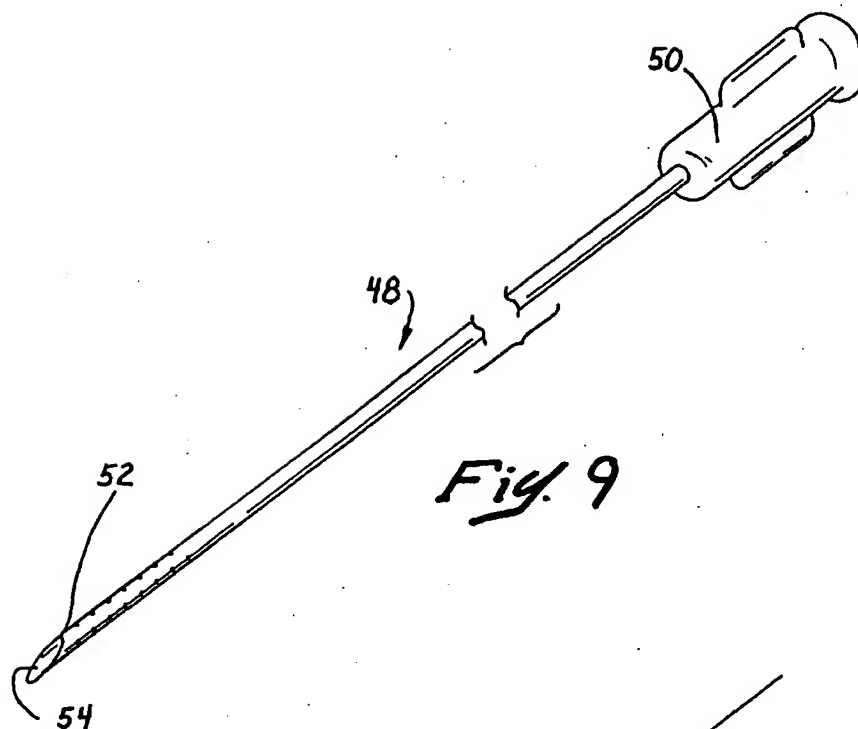


Fig. 3c









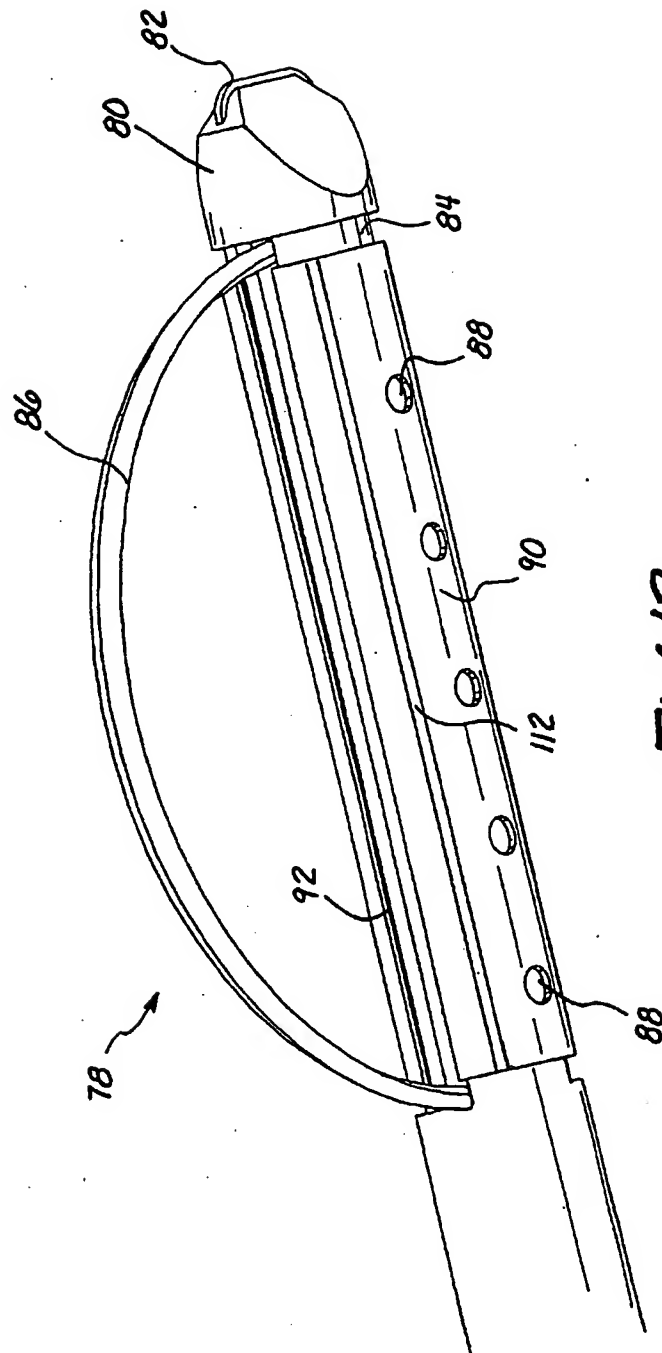
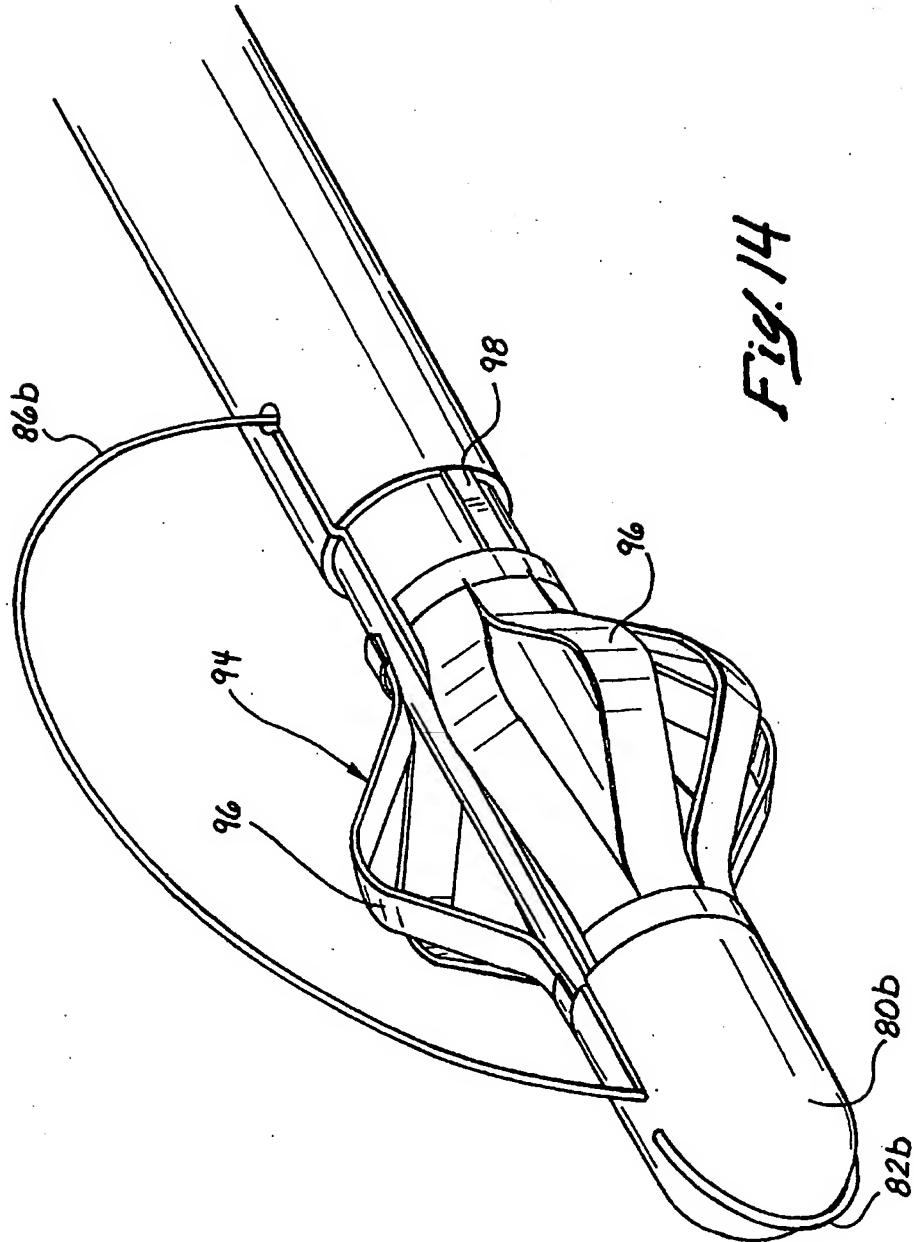


Fig. 13



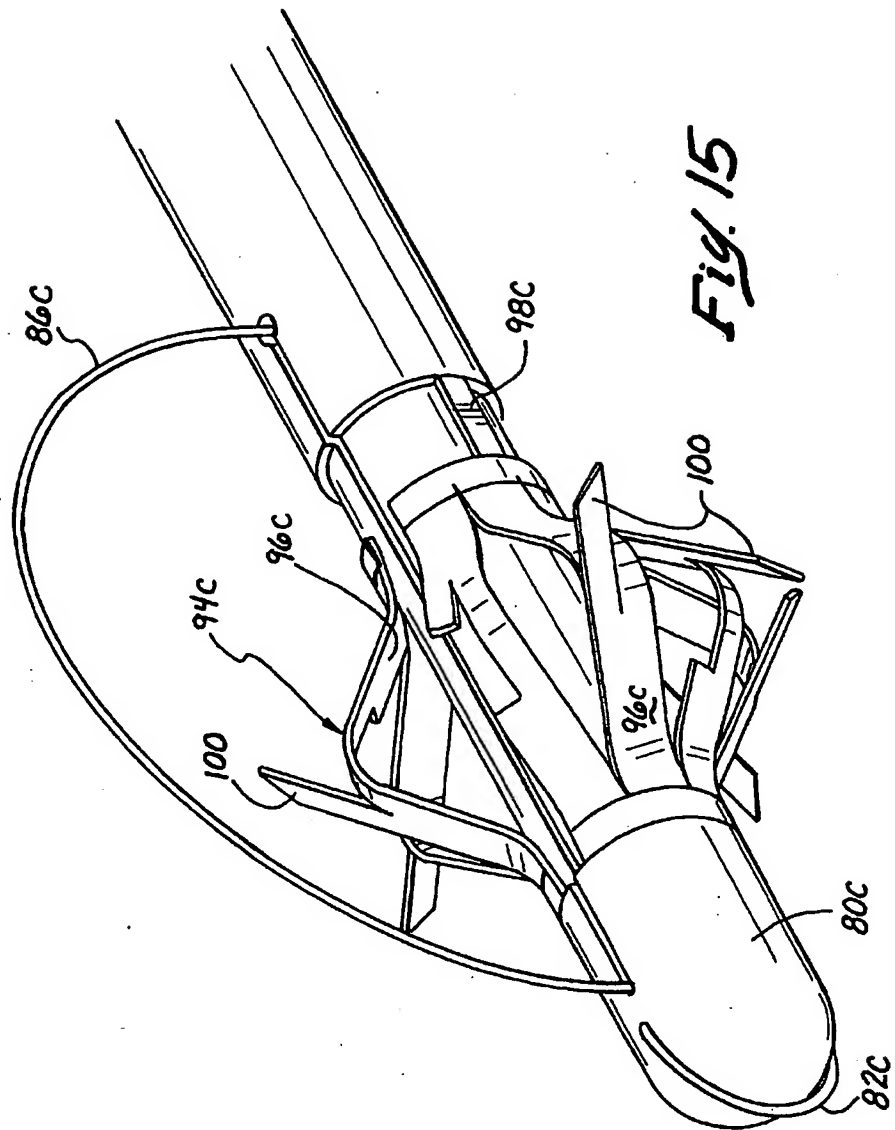
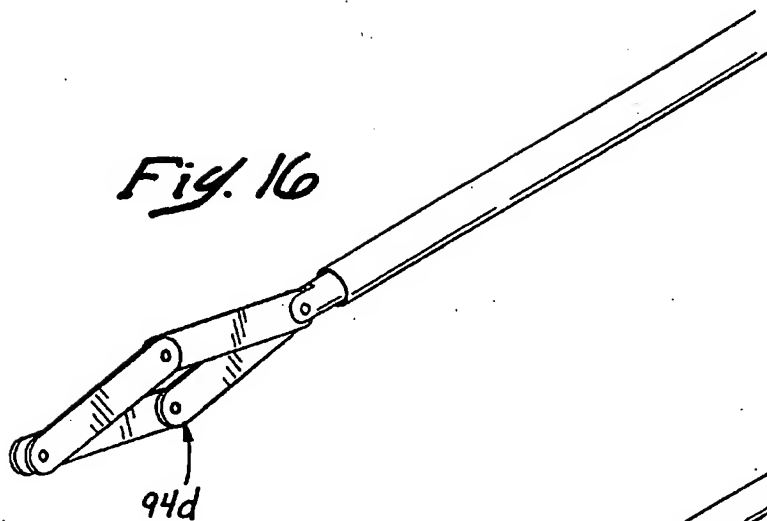
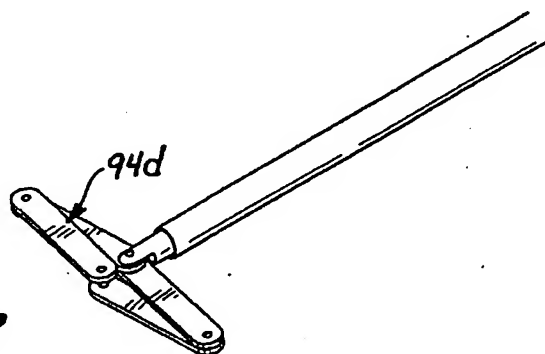
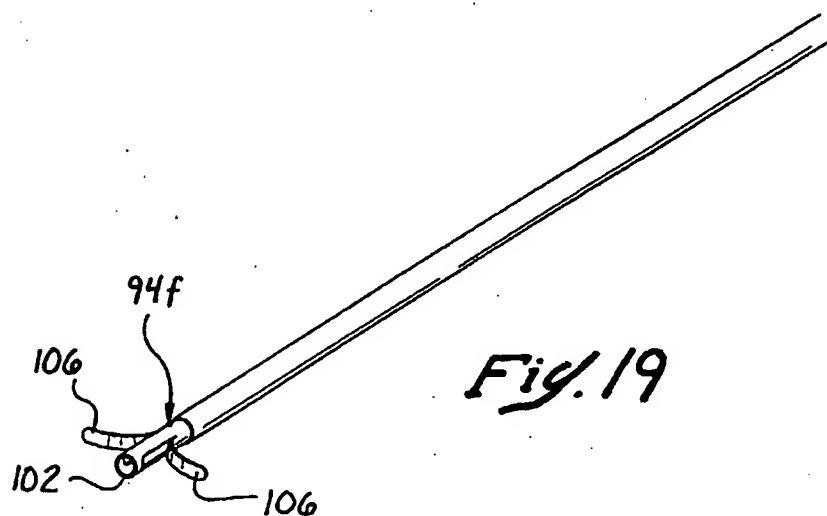
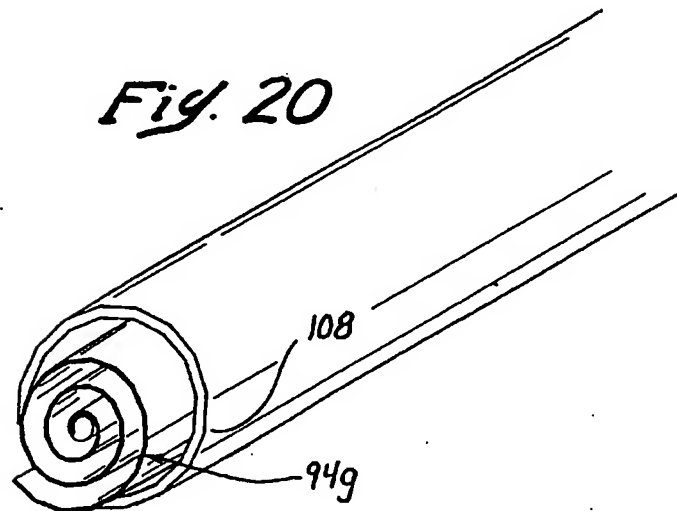
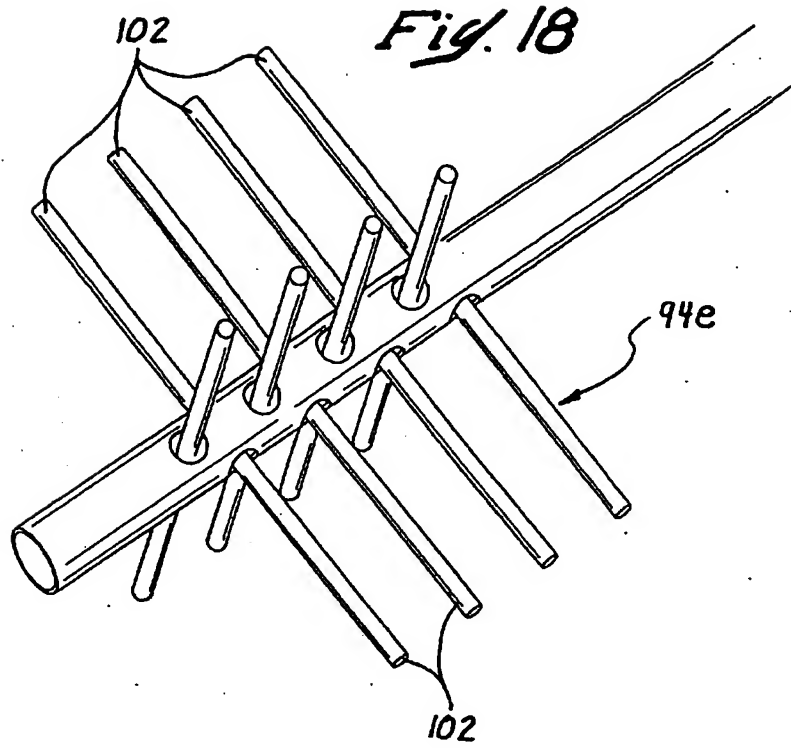


Fig. 16*Fig. 17**Fig. 19*



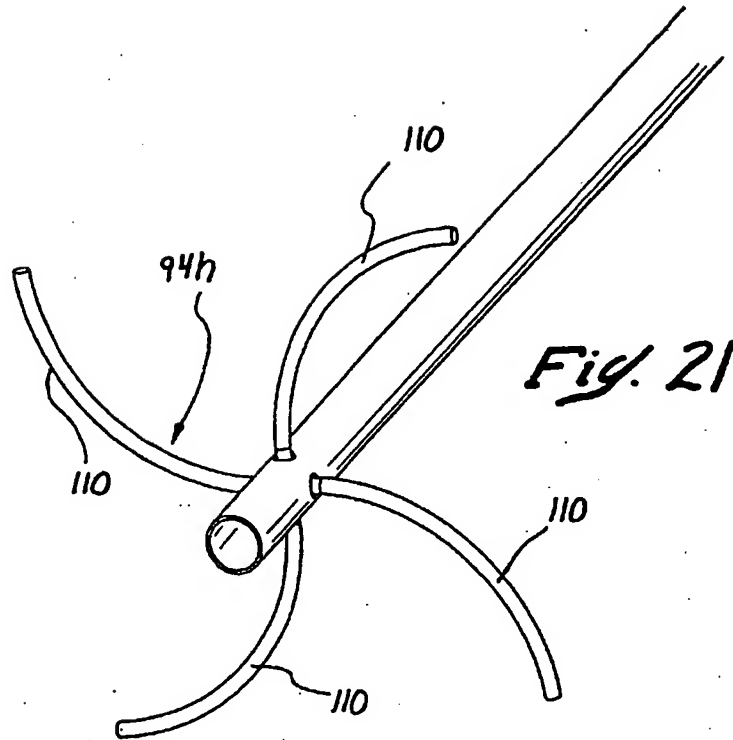


Fig. 22

